

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026231

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6682

STATE FILE NUMBER

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION DePaul Hospital

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY St. Louis

admission)

c. CITY

OR

TOWN St. Louis 36,

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

9748 Dennis Ct.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First Middle Last
Francis H. Ninker

Last

4. DATE
OF DEATH

Month

Day

Year

June

24

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-10-01

9. AGE (last birthday)

62

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman Krey Pack. Co.

10b. KIND OF BUSINESS OR INDUSTRY

Meat Packing Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Ninker

13b. MOTHER'S MAIDEN NAME

Anna Stricker

14. NAME OF HUSBAND OR WIFE

Marie Ninker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Marie Ninker 9748 Dennis St. Louis 36,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HT. DISEASE

INTERVAL BETWEEN ONSET AND DEATH
2 1/2 mos.

DUE TO (b)

ATHEROSCLEROSIS

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/8/63

to 6/24/63

and last saw him alive on 6/24/63

Death occurred at

8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John Riley M.D.

22b. ADDRESS

6807 W. FLORISSANT

22c. DATE SIGNED

6/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

6/27/1963

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

Mo.

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen Mortuary

118 N. Florissant

25. DATE RECD. BY LOCAL REG.

JUN 26 1963

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

STATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 4000

2 235

3

4 0

5 1

6

7 0

8 2

9

10

11

12 59-0

13

59

W. ff Riley 6807 W. Florissant
off Wed.

EV 5-5335

6:00 PM 8:30

6/25

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K. Lakermann

Licensed Embalmer No. 3392

P. O. Address Berkeley 31, Cal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.